

ADVANCED ACQUISITION PLAN (AAP) SUMMARY

AAP NO./PURCHASE REQUEST NO.: _____

PROJECT TITLE:

1. BACKGROUND:

2. DESCRIPTION(Expected Capability):

3. MISSION REQUIREMENT SUPPORTED:

a. Source of Mission(DCI goal, Defense guidance, JCS, Other):

b. Impact of Disapproval:

4. CONTEXT:

a. Relationship to Ongoing or Proposed Projects:

b. Managerial Perspective(DIA goal or objective supported:

c. Accordance with Agency ADP Planning, if applicable:

d. Government Furnished Space(Yes/No; if yes, give location):

5. PROPOSED TYPE OF ACTION:

Full and Open Competition.

Other than Full and Open Competition:

a. *Cite the authority in DIAM 44-2, Chapter 5, Section E., Paragraph 17*.

b. *Attach Justification for Other than Full and Open Competition in sufficient detail for determination of acceptability, signature not required.*

Other Gov't Agencies(i.e. GSA, Federal Prison Industries, Blind).

6. Identify separately priced optional tasks and optional years included with the basic contract approval.

ADVANCED ACQUISITION PLAN(AAP) NO. PURCHASE REQUEST(PR) NO. _____
 FY1990
 (DOLLARS IN THOUSANDS)

(Date Prepared)

1. PROJECT MANAGER _____
 (Name/Office Symbol/Telephone Number)

2. ELEMENT BUDGET OFFICER _____
 (Name/Office Symbol/Telephone Number)

3. ACQUISITION ACCOMPLISHED BY : [] RSQ [] MIPR [] ISA [] OTHER _____

(NOTE: If other than RSQ complete blocks 1 thru 5 and 7 a, b, c)

4. NEW EFFORT _____

ON GOING EFFORT _____

5. CONTRACT DOLLARS: PRIOR YEARS FY90 FY91 FY92 FY93 FY94 OUTYEARS

a. Appropriation:	O&M	_____	_____	_____	_____	_____
	R&D	_____	_____	_____	_____	_____
	PROC	_____	_____	_____	_____	_____
	Other Govt Funds	_____	_____	_____	_____	_____
	TOTAL:	_____	_____	_____	_____	_____

b. Total Estimated Contract Amount _____
 (Include cost for total effort in Statement of Work)

c. Source of Funds

(1) Program/Budget Line Name/Dollars

Line Name(s) Approp FY90 FY91 FY92 FY93 FY94 OUTYEARS

(2) Program/Budget Record

Line Name Project# EU RC PE

AAP NO./PR NO. _____

6. RECOMMENDED CONTRACT TYPE

- a. Fixed Price (Type) _____
- b. Cost-Reimbursement (Type) _____
- c. Other _____

7. TARGET DATE FOR MILESTONES

- a. Completion of acquisition-package preparation _____
- b. Complete coordination within Directorate and others as required _____
- c. Transmitted to OC _____
- d. Transmitted to RSQ _____
- e. Award date _____
- f. Required delivery date or performance period _____

8. OTHER CONSIDERATIONS _____

9. SUBMITTED BY _____
(Signature and date)

10. APPROVED/CONCUR

CONCUR: HEAD OF MAJOR ELEMENT _____
(Signature and date)

CONCUR: OC _____
(Signature and date)

APPROVED BY: ASSISTANT DEPUTY DIRECTOR
FOR PROCUREMENT: _____
(Signature and date)